

BARBARA K. CEGAVSKE Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714 Phone: (775) 684-5705 Fax: (775) 684-5718

Wobsite: www.nvsos.gov

Office of the Secretary of State

Barlean Ceganske

Barbara Cegavske Elections Division

JStokes

1/11/2016

State of Nevada **Committee for Political Action** (PAC)

Registration Form Page 1

	PAC (Advocating	Passage or Defeat of a Ball	ABOVE SPACE IS FOR OFFICE USE ONLY
Annual (Due on or before			or design)
Amended Registration: check all that apply	Change Officers Change Name	Change Registered	Agent Change Address
Name of Committee: Rural Republican PAC Mailing Address:	Other:	ovious Name of PAC	Telephone: 702-499-6169
10,000 W. Charleston Blvd., Suit Street Name, Number PAC Active Email Address: pa	City	,	NV 89135 State Zip Code
To support Assembly Republican	3,		
arent as provided in NRS 14	ant to NRS 294A.240, ea	ach PAC must appoint and i	keep in the State a registered
agent, as provided in NRS 14. Name of Registered Agent: John Hambrick Physical Address: PO Box 401508 Street Name, Number	J20, who must be a natur	ral person who resides in the	keep in the State a registered e State of Nevada. Telephone: 702-499-6169

Revised: 11-5-15

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State of Nevada **Committee for Political Action** (PAC)

Registration Form

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OFFICERS: List the name, title, address and necessary).	d telephone numbe	er of each officer	(attach additional pages if
Officer Name and Title:			
John Hambrick, Chair	**Y *:	W	Telephone:
Mailing Address:			702-499-6169
1216 Dell Cliffs Ct.	Tankhana		
treet Name, Number	Las Vegas City	100	NV 89144
Officer Name and Title;	Oity		State Zip Code
D. Paul Anderson, Vice Chair	46.40 - 11		Telephone:
Mailing Address:		8.0.P T	702-410-6645
0000 W. Charleston Blvd., Suite 100	Las Vegas		NR/ 80126
treel Name, Number	City		NV 89135 State Zip Code
Officer Name and Title:	•		
		11.1	Telephone:
Mailing Address:	4.1.1		
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Officer Name and Title:	•		Telephone:
		11.2	t ciophone,
failing Address:	11.00		-41 to 11 to 12
	1		4 4
Ireet Name, Number	City	4.1.	State Zip Codo
AFFILIATIONS: If the PAC is affiliated with of each organization (please attach additional Name of Organization:	pages if necessa	гу).	Telephone:
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Mailing Address:			
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	City		State Zip Codo
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failing Address:		-	
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John Land	Printed Name:	berce	Date: Telephone: #/////6 702-242-0
Signature of Representative of Group	Printed Name: John HAm	bill r cle	Date: Telephone: #///// 702-2412-0